
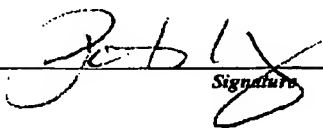



<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): Kinnard et al.			Docket No. 00-SM5-327 (ATI-0006-D2)	
Application No. 10/663,088	Filing Date 9/16/2003	Examiner James Keenan	Group Art Unit 3652	
Invention: <b>WAFER TRANSPORT APPARATUS</b>				
<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>NOV 04 2004</b>				
I hereby certify that this <u>Amendment Transmittal Letter (1 pg); Amendment (6 pgs)</u> <small>(Identify type of correspondence)</small>				
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> )				
on <u>November 4, 2004</u> <small>(Date)</small>				
<u>Rebecca L. Blake</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>				
 <small>(Signature)</small>				
Note: Each paper must have its own certificate of mailing.				

P18/REV02

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b>	
Applicant(s): David William Kinnard				00-SM5-327 (ATI-0006-D2)	
Application No. 10/663,088	Filing Date 09-16-2003	Examiner Keenan, James W.	Customer No. 23413	Group Art Unit 3652	Confirmation No. 1672
Invention: <b>WAFER TRANSPORT-APPARATUS</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	16 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	2 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>					
<div style="text-align: center;"> _____ Signature</div> <p>Peter R. Hagerty Registration No. 42,618 Customer No. 23413 Telephone No. 860-286-2929</p>			<p style="text-align: right;">Dated: November 4, 2004</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align: center;">11/4/2004 (Date)</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;"><b>VIA FACSIMILE By Rebecca L. Blake</b> Typed or Printed Name of Person Mailing Correspondence</p></div>		
CC:					

P11LARGE/REV08

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00-SM5-327  
(ATTI-0006D2)

NOV 04 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Kinnard et al.	)	
		)	Group Art Unit: 3652
Serial No.:	10/663,088	)	
		)	
Filed:	September 16, 2003	)	
		)	Examiner: James Keenan
For:	APPARATUS AND PROCESS FOR	)	
	MEASURING LIGHT INTENSITIES	)	

AMENDMENT A

VIA FACSIMILE TO: (703) 872-9306  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

This amendment is submitted in response to the Office Action dated November 1, 2004.  
Please amend the application as follows.